BEST AVAILABLE COPY

Approved for use through 10/31/2002. OMB 06/10/10/10/2002. OMB 06/10/10/2002. OMB 06/10/10/2002. OMB 06/10/2002. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD ROBERT C. MSCORD OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 2) (Column I) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE ,355 16 OR (37 CFR 1,16(a)) TOTAL CLAIMS minus 20 = OR INDEPENDENT CLAIMS 0 minus 3 OR 14 MULTIPLE DEPENDENT CLAIM PRESENT 135 (37 CFR 1.14(d)) OR 490 OR TOTAL TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART 11** SMALL ENTITY OR **SMALL ENTITY** (Column 3) (Cohumn 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL R AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Total Minns (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.14(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR U ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) **CLAIMS** ADDI-ADDI-HIGHEST REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Minus (37 CFR 1.16(c)) OR ---Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(4)) OR TOTAL TOTAL ADDIT. FEE ADDIT, FEE (Cotumn i) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER TIONAL RATE TIONAL RATE AMENDMENT **EXTRA** AFTER **PREVIOUSLY** FEE FEE AMENDMENT **PAID FOR** OR Total Minus OR independent Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT, FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".